Revision: HCFA-AT-81-34 (BPP)

10-81

COIII. State

Citation

4.21 Prohibition Against Reassignment of Provider Claims

42 CFR 447.10(c) AT-78-90 46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

TN # 81-62 Supersedes TN #

Approval Date 1-26-82 Effective Date 10 1-81